

DOUGLAS COUNTY
DEPARTMENT OF GENERAL ASSISTANCE
1111 S. 41st St. STE 220, OMAHA, NE 68105
REQUEST FOR AN ADMINISTRATIVE APPEAL HEARING

I, _____ wish to appeal to the Director of the Department of General Assistance to review my case and reconsider my denial or reduction of benefits. I understand that this appeal is for the month(s) indicated on the Notice of finding only. I understand this is not a guarantee that the action I disagree with will be changed and that I have a right to reapply for future benefits.

The reason(s) I disagree are as follows:

I also understand that this appeal only affects the month(s) indicated on the Notice of Finding. I also understand that I must make a new application for benefits for any other months.

Signature: _____

Print Name: _____

Address: _____

Daytime Phone Number: _____